

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, January 20, 2017 at the hour of 10:00 A.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Gugenheim called the meeting to order.

Present: Chairman Ada Mary Gugenheim and Director Mary Driscoll, RN, MPH (2)
Directors Ric Estrada and Emilie N. Junge
Patrick T. Driscoll, Jr. and Patricia Merryweather (non-Director Members)

Telephonically
Present Layla P. Suleiman Gonzalez, PhD, JD (1)

Absent: None (0)

During the meeting, Director Suleiman Gonzalez joined in the meeting telephonically.

Director Driscoll, seconded by Chairman Gugenheim, moved to allow Director Suleiman Gonzalez to participate in the meeting as a voting member telephonically.
THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

Krishna Das, MD – Chief Quality Officer
Claudia Fegan, MD – Executive Medical
Director/Medical Director-Stroger
Patty Looker, MA, FACHE – Director of Patient
Experience

Jeff McCutchan – Interim General Counsel
Deborah Santana – Secretary to the Board
John Jay Shannon, MD – Chief Executive Officer
Agnes Therady – Executive Director of Nursing

II. Public Speakers

Chairman Gugenheim asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

III. Report from Chief Quality Officer

A. Regulatory and Accreditation Updates

B. Metrics (Attachment #1)

Dr. Krishna Das, Chief Quality Officer, provided an update on regulatory and accreditation matters. She stated that the long-awaited survey by representatives of The Joint Commission (TJC) for the Ambulatory operations took place this week. It was a two (2) day survey with two (2) surveyors; they visited seven (7) primary care clinics, as well as some of the internal clinics on the Stroger Campus. She noted that the representatives from TJC pointed out that this was one of the first sites surveyed under their new, safer approach using a risk-based assessment. She stated that the survey went well; there were no high-risk findings.

Dr. Das noted that that staff have started to intensify preparations for the TJC's triennial survey at Provident Hospital, which is expected to happen later this year.

III. Report from Chief Quality Officer (continued)

Dr. Das stated that representatives from the Illinois Department of Public Health (IDPH) recently came out to do their triennial assessment of licensing of the dialysis center. It started as a four (4) day survey; however, they were only here for three (3) days, because there were no additional findings. The assessment went very well, and there were only a couple of minor findings, which were easily corrected. She stated that the administration expects to be re-licensed by IDPH for the dialysis center.

During the discussion of the metrics, Dr. Das noted that there are now only two (2) measures relating to venous thromboembolism (VTE) prevention that are being reported; it is no longer required to report on issues associated to treatment. Director Driscoll inquired whether the list of the measures for which CCHHS sends data to the Centers for Medicare and Medicaid Services (CMS) and the Illinois Department of Healthcare and Family Services can be provided. Dr. Das responded in the affirmative; she stated that the information is included as a part of the quality plan, which will be presented to the Committee in the next few months.

With regard to the measure on influenza vaccinations, Chairman Gugenheim inquired whether this data relates only to inpatients receiving the vaccination. Dr. Das stated that CMS' definition includes all patients receiving the vaccination, as well as those patients who were offered the vaccine and refused. Information was provided on protocols that are in place for monitoring and documenting the offering of the vaccine, and communication/education efforts by staff for those patients who refuse it. Director Driscoll requested that information be provided near the end of the flu season that gives an idea of the overall number of System patients (hospitals and Ambulatory) who were offered the vaccination and who accepted and received it.

C. Report on Patient Experience (Attachment #2)

Patty Looker, MA, FACHE, Director of Patient Experience, provided an overview of the Report on Patient Experience. The Committee reviewed and discussed the information.

The Report contained information on the following subjects:

- Cornerstones of Patient Experience Improvement
- Patient Experience Training Program
- Training Content
- Customer Service Training Statistics
- Evidence-Based Strategies
- Description, Opportunity and Action Plans – Four (4) Survey Areas
 - Communication with Doctors
 - Communication with Nurses
 - Cleanliness of Hospital
 - Willingness to Recommend the Hospital

Director Junge inquired whether the administration systematically engages the labor union management in this initiative. In terms of staff engagement, sometimes it is forgotten that leadership includes union leadership; until union leadership is engaged, it is a top down enterprise, and the organization may be missing huge areas of understanding. She encouraged Ms. Looker to look closely at the use of union leadership. Ms. Looker stated that one of her future goals is to have a closer collaboration with union leadership, as it is key to the kind of objectives being sought. It is also an overall best practice, to push this all the way down to all levels of leadership; she embraces that philosophy, but has not fully executed it yet.

III. Report from Chief Quality Officer (continued)

With regard to training staff on challenging situations, Director Junge inquired whether security staff is being trained in that particular area, as they have a lot of interaction in challenging situations. She has a strong concern about the lack of a requirement that security staff be trained. Ms. Looker stated that the training involving challenging situations comes in a range – all the way from interacting with a disgruntled patient who yells at a clerk, to interacting with those who are threatening violence. Director Junge requested a report on whether the security staff is being trained in the area of challenging situations, and regarding training them on customer service. She noted that the organization could have huge liability issues if adequate training is not being provided for that.

Director Driscoll inquired whether the data can also be compared with data from the other safety-net hospitals in Cook County; if the data is being shown to staff, this comparison might be more meaningful for them to see. Ms. Looker responded that this can be done.

Ms. Merryweather noted that, although CCHHS is maintaining its efforts, others are still leapfrogging ahead; a key factor that may be missing is involvement of the patients. Models that are currently out there around patient and family engagement include direct patient engagement in the form of patient advisory councils, quality improvement advisory councils, and ombudsmen. Ms. Looker concurred; she indicated that engaging patients in these efforts is considered best practice.

Director Estrada provided an example in which he was involved in a patient/family experience at another institution that gave him greater insight into the importance of nursing as it relates to the patient experience. He asked what this organization can do to care for and further support this group. Dr. Shannon asked Agnes Therady, Executive Director of Nursing, to provide information on some of the initiatives relating to this subject. Ms. Therady stated that they began using the A.I.D.E.T. (acknowledge, introduce, duration, explain, thank) technique a couple of years ago, so customer service training was part of it. The administration is now working to get the nurses more engaged in providing their input on improving the patient experience. A survey was recently done that measured how satisfied and engaged the nurses are; that survey data is expected to be shared with staff very soon. Based on the results, the approach will be unit-based – there will be a unit-based shared governance council, where they will take the responsibility of leading the efforts.

IV. Action Items

A. Approve reappointments of Stroger Hospital Department Chair(s) and Division Chair(s) (Attachment #3)

Dr. Claudia Fegan, Executive Medical Director/Medical Director-Stroger, presented the two (2) Stroger Hospital Division Chair reappointments for the Committee's consideration.

Director Driscoll, seconded by Chairman Gugenheim, moved to approve the two (2) proposed Stroger Hospital Division Chair reappointments. THE MOTION CARRIED UNANIMOUSLY.

IV. Action Items (continued)

B. Executive Medical Staff (EMS) Committees of Provident Hospital of Cook County and John H. Stroger, Jr. Hospital of Cook County

i. Receive reports from EMS Presidents

ii. Approve Medical Staff Appointments/Re-appointments/Changes (Attachment #4)

Director Driscoll, seconded by Chairman Gugenheim, moved to approve the Medical Staff Appointments/Re-appointments/Changes for John H. Stroger, Jr. Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to approve the Medical Staff Appointments/Re-appointments/Changes for Provident Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

C. Minutes of the Quality and Patient Safety Committee Meeting, December 6, 2016

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of December 6, 2016. THE MOTION CARRIED UNANIMOUSLY.

D. Any items listed under Sections IV and V

V. Closed Meeting Items

A. Medical Staff Appointments/Re-appointments/Changes

B. Litigation Matter(s)

The Committee did not recess the open meeting and convene into a closed meeting.

VI. Adjourn

As the agenda was exhausted, Chairman Gugenheim declared the meeting ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Ada Mary Gugenheim, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
January 20, 2017

ATTACHMENT #1



COOK COUNTY HEALTH & HOSPITALS SYSTEM

CCHHS Board of Directors Quality and Patient Safety Committee Dashboard Overview

20 January 2017

Krishna Das, MD, Chief Quality Officer



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Quality – Stroger

CCHHS QPS Committee Dashboard														
Data as of 1/10/17														
PERFORMANCE MEASURES		CY 2015		CY2016										
		Q4 2015		Q1 2016			Q2 2016			Q3 2016			Q4 2016	
		Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov
Stroger														
Core Measures														
Venous Thromboembolism (VTE) Prevention Only (%)		87	93							78**			83**	86**
Care for Stroke Patients (%)		91	91	93	95	96	91	95	95	98	99	98	94	98
Influenza Vaccination (%)		59	60	72	63	76	67	67	79	N/S**	N/S**	N/S**	27	51
Efficiency - Operating Room														
Surgery Begins at Scheduled Time (%)		46*	46*	40*	46*	53*	65*	59*	56*	57*	50*	52*	52*	70*
OR Room Turn Around Time (minutes)		49*	47*	48*	50*	47*	47*	46*	47*	47*	46*	49*	45*	61***

LEGEND

* Data represents automated collection
** VTE reported from Qtrly eCQM
***OR Times revised data collection
* Variance is target to recent month
* N/S: Not Sufficient data collected
**N/S: Pneumococcal no longer being measured



Quality – Provident

			CCHHS QPS Committee Dashboard														
Data as of 1/10/17			CY 2015		CY2016										TARGET	VARIANCE *	
PERFORMANCE MEASURES			Q4 2015		Q1 2016			Q2 2016			Q3 2016			Q4 2016			
			Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct			Nov
Provident																	
Core Measures																	
Venous Thromboembolism (VTE) Prevention Only (%)			100	89							94 **			93**	87**	99	-12%
Influenza Vaccinations (%)			97	100	100	100	100	100	100	93	N/S**	N/S**	N/S**	100	95	90	5%
Efficiency - Operating Room																	
Surgery Begins at Scheduled Time (%)			81	88	72	70	79	76	79	78	78	87	91	84	92	80	12%
OR Room Turn Around Time (minutes)																30	na

LEGEND	
* Data represents automated collection	
** VTE reported from Qtrly eCQM	
***OR Times revised data collection	
* Variance is target to recent month	
* N/S: Not Sufficient data collected	
**N/S: Pneumococcal no longer being measured	



Safety – Stroger

CCHHS QPS Committee Dashboard														
Data as of 1/10/17														
PERFORMANCE MEASURES	CY 2015		CY2016											
	Q4 2015		Q1 2016			Q2 2016			Q3 2016			Q4 2016		
	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	TARGET
VARIANCE *														
Safety														
HAC: Pressure Ulcer Stages III & IV ¹	3	8	6	8	8	9	4	6	2	4	9	3	6	
HAC: Falls with Injury ²	6	4	1	0	0	2	0	0	0	1	1	0	2	
HAI: CLABSI ³	1	2	1	1	0	2	1	1	0	1	0	1	0	
HAI: CAUTI ⁴	0	0	2	1	0	1	2	4	2	2	2	2	1	

LEGEND

CLABSI: Central line-associated blood stream infections

CAUTI: Catheter-associated urinary tract infections

*Variance is target to recent full quarter



Patient Experience – Stroger

CCHHS QPS Committee Dashboard															
Data as of 1/10/17															
PERFORMANCE MEASURES	CY 2015		CY2016												
	Q4 2015		Q1 2016			Q2 2016			Q3 2016			Q4 2016		TARGET	VARIANCE *
	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov		
Patient Experience															
Willing to Recommend Hosp (% top box)	75	65	72	69	75	69	80	69	69	75	70	78	77	85	-8%
Communication with Doctors (% top box)	81	81	84	87	83	90	87	81	84	89	80	85	84	88	-4%
Communication with Nurses (% top box)	70	70	67	79	100	74	81	69	69	74	65	72	75	86	-11%
Cleanliness (% top box)	58	56	49	55	75	52	60	61	52	51	53	78	56	77	-21%

LEGEND

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* Variance is target to recent month

* N/S: Not Sufficient data collected



Patient Experience – Provident

CCHHS QPS Committee Dashboard															
Data as of 1/10/17															
PERFORMANCE MEASURES	CY 2015		CY2016												
	Q4 2015		Q1 2016			Q2 2016			Q3 2016			Q4 2016		TARGET	VARIANCE *
	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov		
Patient Experience															
Willing to Recommend Hosp (% top box)	100	100	100	N/S*	67	71	N/S*	N/S*	N/S*	N/S*	N/S*	N/S*	N/S*	85	-14%
Communication with Doctors (% top box)	100	100	100	N/S*	100	95	N/S*	N/S*	N/S*	N/S*	N/S*	N/S*	N/S*	88	7%
Communication with Nurses (% top box)	89	100	100	N/S*	100	91	N/S*	N/S*	N/S*	N/S*	N/S*	N/S*	N/S*	86	5%
Cleanliness (% top box)	100	50	100	N/S*	83	57	N/S*	N/S*	N/S*	N/S*	N/S*	N/S*	N/S*	77	-20%

LEGEND

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* N/S: Not Sufficient data collected



ACHN

	CCHHS QPS Committee Dashboard														
Data as of 1/10/17	CY 2015		CY2016											TARGET	VARIANCE *
PERFORMANCE MEASURES	Q4 2015		Q1 2016			Q2 2016			Q3 2016			Q4 2016			
	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov		
ACHN															
Diabetes Control % with Hgb A1C < 9%	76	73	75	72	74	73	73	75	74	76	76	78	79	78	1%
Immunizations: Up to date in children at 24 months (%)	90	75	82	84	81	85	75	70	77	86	79	70	82	86	-4%
Patient Experience: Moving Through Visit	67	60	66	61	65	62	59	70	65	62	70	65	62	75	-13%
Patient Experience: Telephone Access	70	57	64	62	60	60	56	65	61	60	65	61	61	75	-14%



Board Quality Dashboard

CCHHS QPS Committee Dashboard				CCHHS Board Metrics - Quality							
Data as of 1/10/2017								TARGET	VARIANCE*		
PERFORMANCE MEASURES				CY 2015	CY 2016						
				4Q15	1Q16	2Q16	3Q16			4Q16	
										OCT	NOV
Stroger											
Core Measures				Monthly Composite							
Venous Thromboembolism (VTE) Prevention Only (%)				88			78 **	83**	86**	99%	-11%
Efficiency - Operating Room				Monthly %							
Surgery Begins at the Scheduled Time (%)				48*	46*	60*	53*	52*	70***	80%	-27%
Safety				Total # of Events							
Events: Ulcers, Falls, CLABSI and CAUTI				30	28	32	24	6	9		
Patient Experience											
Willing to Recommend Hosp (% top box)				71	70	72	71	78	77	85%	-14%
Provident											
Core Measures											
Venous Thromboembolism (VTE) Prevention Only (%)				98			94 **	93**	87**	99%	-5%
Efficiency - Operating Room				Monthly %							
Surgery Begins at the Scheduled Time (%)				83	74	78	85	84	92	80%	5%
Patient Experience											
Willing to Recommend Hosp (% top box)				89	78	N/S*	N/S*	N/S*	N/S*	85%	-7%
ACHN											
Diabetes Control % with Hgb A1C < 9%				77	74	75	75	78	79	78%	-3%
Patient Experience: Moving Through Visit				63	64	64	63	65	62	75%	-12%
Patient Experience: Telephone Access				63	62	60	60	61	61	75%	-15%

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Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
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ATTACHMENT #2

COOK COUNTY HEALTH & HOSPITALS SYSTEM



CCHHS Board of Directors Quality and Patient Safety Committee Report on Patient Experience

20 January 2017

Patty Looker, MA, FACHE, Director of Patient Experience
Krishna Das, MD, Chief Quality Officer



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS

Cornerstones of Patient Experience Improvement

- Culture change
- Innovation / Operational Enhancements
- Environment
- Accountability
- Staff Engagement



Patient Experience Training Program

- Initial Goal:
 - Enhance the experience for everyone who has a face-to-face or phone encounter with CCHHS by creating a **meaningful and lasting culture of customer service**
- Initial Objective:

Provide **customer service training** to all CCHHS staff

 - Utilize a train-the trainer approach using faculty from all departments (medical staff, nursing, lab, finance)
 - Three, 1.5 hour sessions for full course
 - Customized sessions on request- same content



Training Content

Session	Goal of Session	Strategies	Tools
1	Determine the customers' service needs for each encounter	Approach: Setting expectations for each encounter	A.I.D.E.T.* Managing 'Up' Communication Skills
2	Listen and handle the patient's concerns, develop empathy	Approach: 'Wait a Minute'; mindfulness and centering behaviors	Active Listening Body Language Managing service delays
3	Handle challenging patient encounters	Approach: On stage, off stage; professionalism at work	L.E.A.R.N.* Service Recovery

*A.I.D.E.T. is a mnemonic for acknowledge, introduce, duration, explain, thank

*L.E.A.R.N. is a mnemonic for listen, empathize, apologize, resolve, notify



Customer Service Training STATS

	FY 15	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD
Staff Trained												
CCHHS Staff	702	144	181	265	245	270	217	109	111	196	148	1886
Evaluation of Training												
Score (out of 5)	4.6	4.7	4.7	4.7	4.8	4.7	4.7	4.7	4.7	4.6	4.7	4.7

Total staff trained from training launch through 11/1/2016: 2588

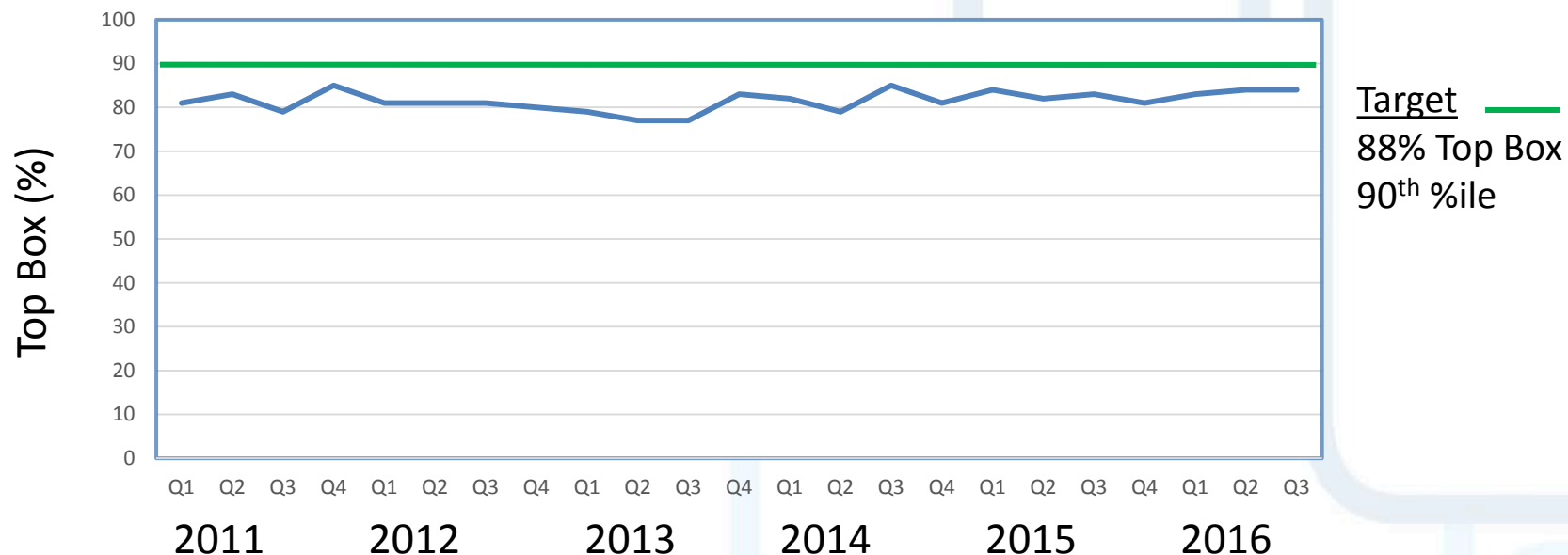


Evidence Based Strategies

- Review and circulate monthly, unit specific patient satisfaction data
- Unit huddles to discuss approaches to patient experience
- Purposeful rounding
- Multidisciplinary rounds
- White boards for communication
- Active service recovery strategies



Communication with Doctors



Description

Composite of 3 questions:

- Doctors treat with courtesy/respect
- Doctors listen carefully to you
- Doctors explain in way you understand

Target = 88%
(90th percentile)

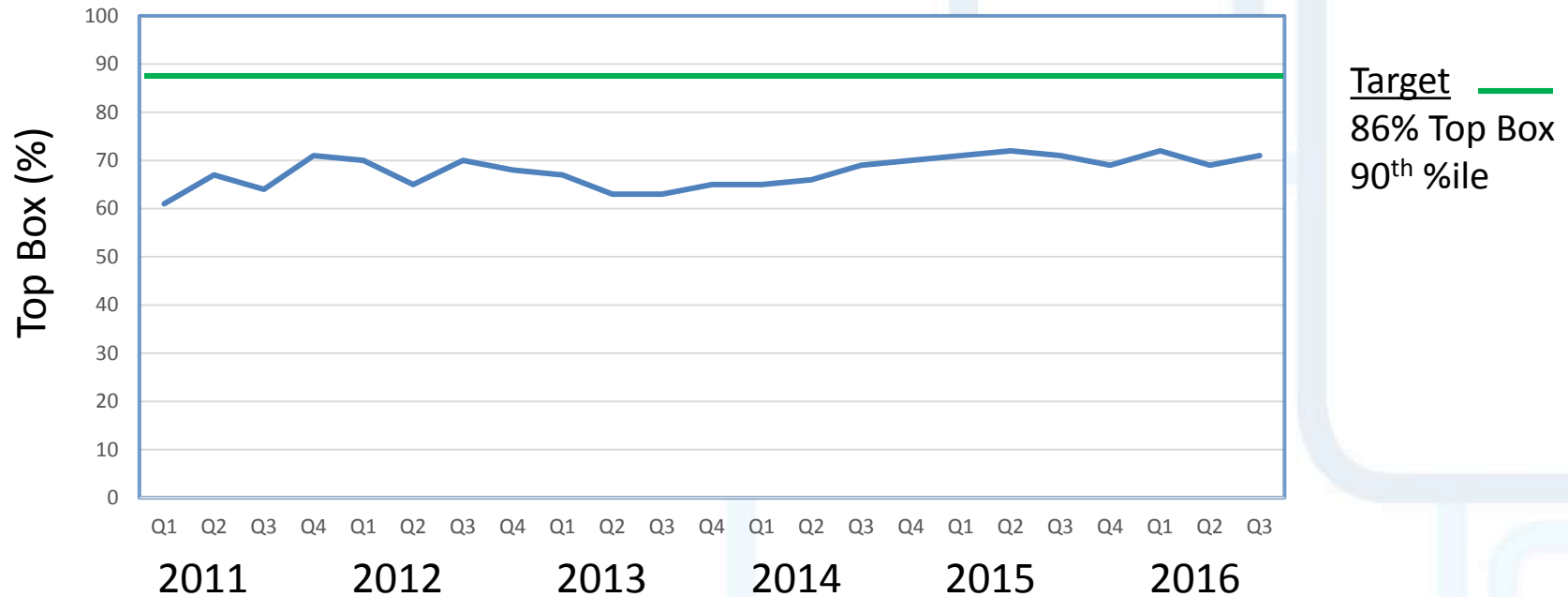
Opportunity

- Communication skills are key for improving top box scores
- Press Ganey data (937K patients) - Variables driving “willingness to recommend” is all about providers:
 - ✓ Confidence in provider (81%)
 - ✓ Care team worked well together (72%)
 - ✓ Caregivers had concern for patient’s worries (68%)

Action Plan

- Accelerate pace of physician training
- Participate in Annual Housestaff Orientation annually: The “56 Second Introduction”

Communication with Nurses



Description

Composite of 3 Questions
(how often did...):

- Nurses treat with courtesy, respect
- Nurses listen carefully to you
- Nurses explain in way you could understand

Goal = 86%
(90th percentile)

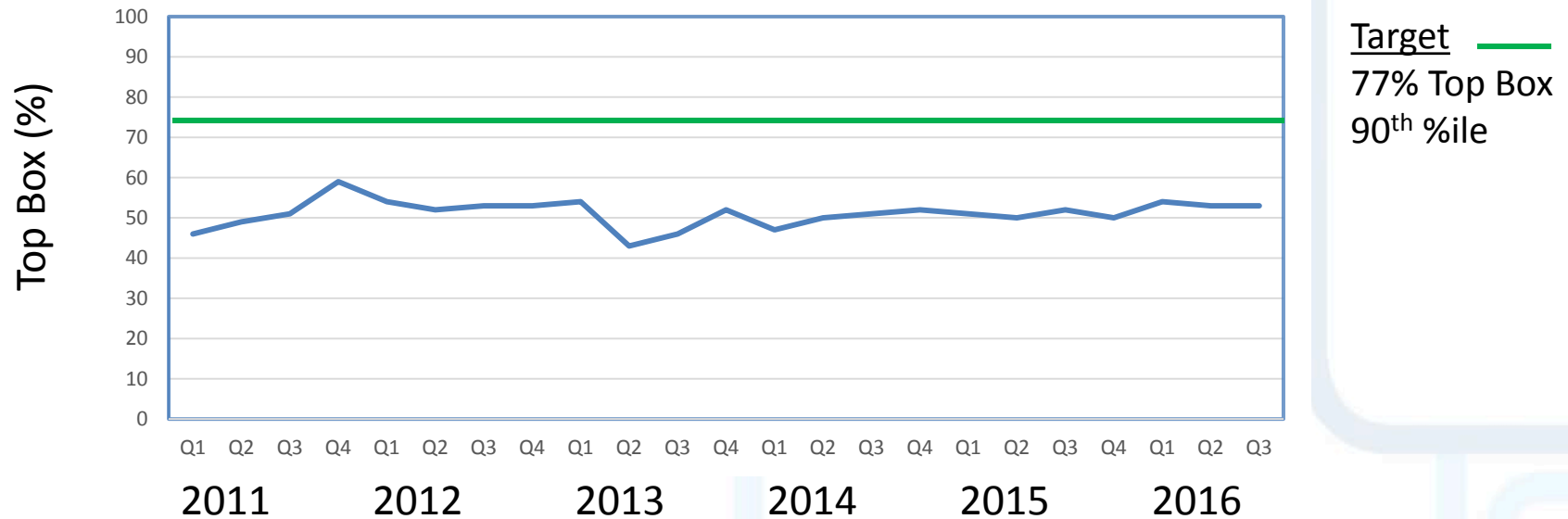
Opportunity

- Represents largest part of CCHHS workforce (1,800)
- May be primary source of patient perception

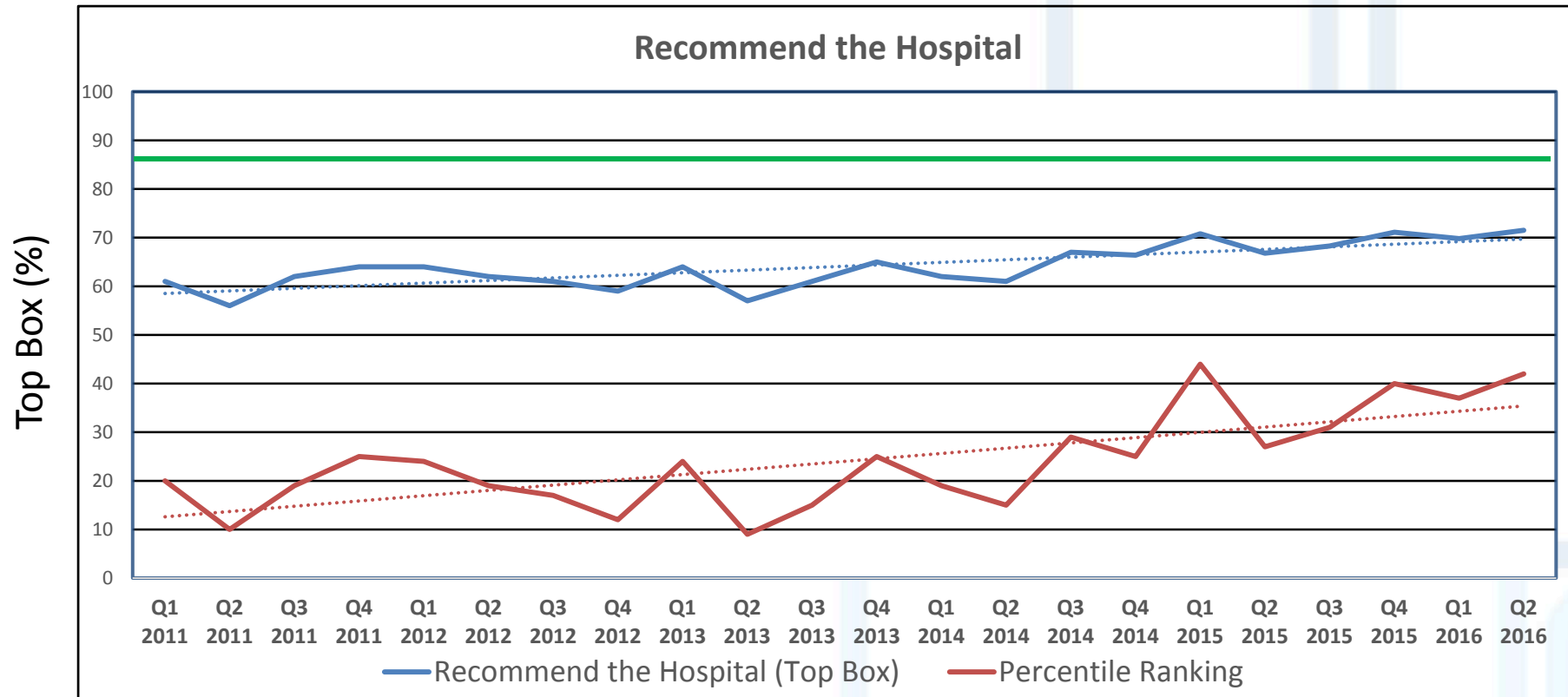
Action Plan

- Accelerate pace and scale of customer service training for nursing staff: 18 nurse trainers to lead customer service training
- Unit based action plans being developed
- Promote nurse engagement for patient experience

Cleanliness of Hospital



Description	Opportunity	Action Plan
<p>Cleanliness of Environment (room, bathroom)</p> <p>Target = 77% (90th percentile)</p>	<ul style="list-style-type: none"> Variables driving “overall hospital rating” – after coordination of care, next is room cleanliness – Press Ganey data (1.2M patients) Maintain consistent high level performance via new departmental leadership 	<ul style="list-style-type: none"> Collaborate with EVS to accelerate pace of training



Description	Opportunity	Action Plan
<p>Willing to Recommend the hospital to others</p> <p>Target = 85% (90th percentile)</p>	<ul style="list-style-type: none"> Multi-variable impacts on this global domain correlates with: <ul style="list-style-type: none"> Nurse communication Pain management Responsiveness of staff Coordination of care 	<ul style="list-style-type: none"> Customer Service Training to reach 6,700 staff members Work across depts./services to create the three major elements of the top box/<i>always</i> culture: Alignment, Consistency, and Accountability (Studer Group 2014)

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ATTACHMENT #3

Meeting of the Cook County Health and Hospitals System

January 20, 2017

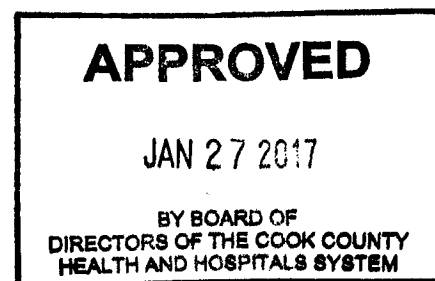
Back-Up Material for Item No. ,

Re-Appointment of Stroger Hospital Department Chairs and Division Chairs

Respectfully requesting approval of the following:

Re-appointment of the following individuals as Division Chairs of the Medical Staff of the John H. Stroger, Jr. Hospital of Cook County:

Name	Department/Appt Term	Title
Fidel Abrego, MD	Obstetrics & Gynecology 01/18/2017 – 01/17/2019	Division Chair of General Obstetrics & Gynecology
Hugo Solari, MD	Psychiatry 01/26/2017 – 01/25/2019	Division Chair of Adult Outpatient Psychiatry



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ATTACHMENT #4



Toni Preckwinkle
President

Cook County Board of
Commissioners

John Jay Shannon, MD
Chief Executive Officer
Cook County Health &
Hospitals System

Board Members

M. Hill Hammock
Chairman

Commissioner Jerry Butler
Vice Chairman

Virginia Bishop, MD, MPH

Mary Driscoll, RN, MPH

Ric Estrada

Ada Mary Gugenheim

Ernie N. Junge

Mary B. Richardson-Lowry

Layla P. Suleiman Gonzalez, PhD JD

Sidney A. Thomas, MSW

Austin Health Center

Cermak Health Services

Children's Advocacy Center

Cicero Health Center

Community Triage Center

Ruth M. Rothstein
CORE Center

Cottage Grove Health Center

CountyCare Health Plan

Englewood Health Center

Fantus Health Center

Logan Square Health Center

Morton East Adolescent
Health Center

Near South Health Center

Oak Forest Health Center

Dr. Jorge Prieto Health Center

Provident Hospital

Cook County Department
of Public Health

Robbins Health Center

John Sengstacke Health Center

John H. Stroger, Jr. Hospital

Vista Health Center

Woodlawn Health Center

Ozuru O. Ukoha, MD, MSc, FACS

President, Executive Medical Staff

John H. Stroger Jr. Hospital of Cook County

Date: January 13, 2017

**Dear members of the Quality and Patient Safety Committee of the
CCHHS Board:**

**Please be advised that the Executive Medical Staff Committee of John
H. Stroger, Jr. Hospital of Cook County, at its Special Meeting held on
January 10, 2017, approved the attached list of medical staff action
items for your consideration.**

Thank you very much.

Respectfully submitted,

Ozuru O. Ukoha, MD

President, EMS



John H. Stroger, Jr. Hospital of Cook County

Medical Staff and Non-Medical Staff Action Items subject to approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPOINTMENT APPLICATIONS

Initial Physician Appointment Applications

Byrne, Richard, MD Appointment Effective:	Surgery/Neurosurgery January 20, 2017 thru January 19, 2019	Consulting
Herrin, Steve, MD Appointment Effective:	Psychiatry January 20, 2017 thru January 19, 2019	Active
Libeu, Samuel, MD Appointment Effective:	Correctional Health/Psychiatry January 20, 2017 thru January 19, 2019	Active
Menon, Shreevidya, DO Appointment Effective:	Pediatrics/Neonatology January 20, 2017 thru January 19, 2019	Active
Traynelis, Vincent C., MD Appointment Effective:	Surgery/Neurosurgery January 20, 2017 thru January 19, 2019	Active

Initial Non-Physician Appointment Applications

Foley, Colleen A., CNP Effective:	Medicine/Infectious Disease January 20, 2017 thru January 19, 2019	Nurse Practitioner
Gross, Israel PhD Effective:	Psychiatry January 20, 2017 thru January 19, 2019	Clinical Psychologist
Lupinacci, Elizabeth, CRNA Effective:	Anesthesiology January 20, 2017 thru January 19, 2019	Cert Reg Nurse Anest
Matlock, Sharon, CNM Effective:	Family Medicine/ACHN January 20, 2017 thru January 19, 2019	Cert. Nurse Midwife
Shephard, Rebekah, CNP Effective:	Nurse Practitioner January 20, 2017 thru January 19, 2019	Psychiatry/Core Center

REAPPOINTMENT APPLICATIONS

Department of Family Medicine:

Daniels, Alice, MD Reappointment Effective:	Family Medicine February 14, 2017 thru February 13, 2019	Affiliate
Dixie, Dora, MD Reappointment Effective:	Family Medicine February 21, 2017 thru February 20, 2019	Active
Loafman, Mark, MD Reappointment Effective:	Family Medicine March 17, 2017 thru March 16, 2019	Active

Item IV(B)

Quality and Patient Safety Committee Meeting of January 20, 2017

**CCHHS
APPROVED**

BY THE QUALITY AND PATIENT SAFETY COMMITTEE

ON JANUARY 20, 2017

**John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications (continued)**

Department of Medicine:

Brahmbhatt, Manish MD Reappointment Effective:	General Medicine January 20, 2017 thru January 19, 2018	Active
Clapp, William MD Reappointment Effective:	Pulmonary Critical Care March 18, 2017 thru March 17, 2019	Active
Krantz, Anne J. MD Reappointment Effective:	General Medicine March 18, 2017 thru March 17, 2019	Active
Tuliamat, Aiman Reappointment Effective:	Pulmonary Critical Care March 18, 2017 thru March 17, 2019	Active

Department of Pediatrics:

Davis, Vanessa, MD Reappointment Effective:	Endocrinology March 14, 2017 thru March 13, 2019	Active
Ganesan, Rani, MD Reappointment Effective:	Critical Care March 14, 2017 thru March 13, 2019	Voluntary
Kalinowski, Valerie, MD Reappointment Effective:	Critical Care February 28, 2017 thru February 27, 2019	Voluntary

Department of Radiology:

Kay, Daniel J., MD Reappointment Effective:	Radiology/Diagnostic January 20, 2017 thru January 19, 2018	Active
Feng, Chun, MD Reappointment Effective:	Radiology/Diagnostic February 24, 2017 thru February 23, 2019	Active

Department of Surgery:

Abcarian, Herand, MD Reappointment Effective:	Colon-Rectal January 20, 2017 thru January 19, 2019	Voluntary
Chaudhry, Vivek, MD Reappointment Effective:	Colon-Rectal February 19, 2017 thru February 18, 2019	Active

Department of Trauma:

Dysico, Gerard, MD Reappointment Effective:	Physical Medicine February 23, 2017 thru February 22, 2019	Active
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**CCHHS
APPROVED**

**BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JANUARY 20, 2017**




John H. Stroger, Jr. Hospital of Cook County (continued)

Renewal of Privileges for Non-Medical Staff:

Betanzos, Mateo, CNP Effective:	Medicine/Core Center March 17, 2017 thru March 16, 2019	Nurse Practitioner
Foster, Lauren E. CNP Effective:	Medicine/Infectious Disease January 20, 2017 thru January 19, 2019	Nurse Practitioner
Francis Regeena, CNP Effective:	Medicine/Adult Cardiology January 20, 2017 thru January 19, 2019	Nurse Practitioner
Flucker, Venita PA-C Effective:	OB/GYN January 23, 2017 thru January 22, 2019	Physician Assistant
Micci, Sandra, PA-C Effective:	OB/GYN January 27, 2017 thru January 26, 2019	Physician Assistant
Sims, Kevin PA-C Effective:	Correctional Health/Medicine March 17, 2017 thru March 16, 2019	Physician Assistant
Wolen, Deborah L. CNP Effective:	Medicine/Infectious Disease January 20, 2017 thru January 19, 2019	Nurse Practitioner

**CCHHS
APPROVED**

**BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JANUARY 20, 2017**



Item IV(B)
Quality and Patient Safety Committee Meeting of January 20, 2017



Toni Preckwinkle

President

Cook County Board of
Commissioners

John Jay Shannon, MD
Chief Executive Officer

Cook County Health &
Hospitals System

Board Members

M. Hill Hammock
Chairman

Commissioner Jerry Butler
Vice Chairman

Virginia Bishop, MD, MPH

Mary Driscoll, RN, MPH

Ric Estrada

Ada Mary Gugenheim

Emilie N. Junge

Mary B. Richardson-Lowry

Layla P. Suleiman Gonzalez, PhD, JD

Sidney A. Thomas, MSW

Austin Health Center

Cermak Health Services

Children's Advocacy Center

Cicero Health Center

Community Triage Center

Ruth M. Rothstein

CORE Center

Cottage Grove Health Center

CountyCare Health Plan

Englewood Health Center

Fantus Health Center

Logan Square Health Center

Morton East Adolescent
Health Center

Near South Health Center

Oak Forest Health Center

Dr. Jorge Prieto Health Center

Provident Hospital

Cook County Department
of Public Health

Robbins Health Center

John Sengstacke Health Center

John H. Stroger, Jr. Hospital

Vista Health Center

Woodlawn Health Center

Valerie Hansbrough, MD
President,
Medical Executive Committee
Provident Hospital of Cook County

January 6, 2017

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Provident Hospital Medical Executive Committee Meeting held on January 6, 2017 the Medical Executive Committee recommended the actions on the enclosed list. It is being presented to you for your consideration.

Respectfully,

Valerie Hansbrough, MD
President, MEC

Provident Hospital of Cook County

Medical Staff and Non-Medical Staff Action Items subject to approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPOINTMENT APPLICATIONS

Ganschow, Pamela, MD Appointment Effective:	Internal Medicine January 20, 2017 thru January 19, 2019	Affiliate
Iqbal, Shariq, DO Appointment Effective:	Emergency Medicine January 20, 2017 thru January 19, 2019	Active
Kodumuri, Vamsi, MD Appointment Effective:	Internal Medicine/Cardiology January 20, 2017 thru January 19, 2019	Affiliate
LaMattina, Kara C., MD Appointment Effective:	Surgery/Ophthalmology January 20, 2017 thru January 19, 2019	Voluntary
Nagubadi, Swamy N. MD Appointment Effective:	Internal Medicine/Pulmonary January 20, 2017 thru January 19, 2019	Affiliate
Patel, Pranav, MD Appointment Effective:	Internal Medicine January 20, 2017 thru January 19, 2019	Affiliate
Williams, Kenya M., MD Appointment Effective:	Surgery/Ophthalmology January 20, 2017 thru January 19, 2019	Affiliate
Yadav, Neha, MD Appointment Effective:	Internal Medicine/Cardiology January 20, 2017 thru January 19, 2019	Affiliate

REAPPOINTMENT APPLICATIONS

Internal Medicine

Dorman, James R. MD Reappointment Effective:	Neurology March 20, 2017 thru March 19, 2019	Affiliate
Clapp, William D., MD Reappointment Effective:	Pulmonary March 18, 2017 thru March 17, 2019	Affiliate

Department of OB/GYN

Abrego, Fidel MD Reappointment Effective:	OB/Gyn January 20, 2017 thru January 19, 2019	Affiliate
App, Megan MD Reappointment Effective:	OB/Gyn February 27, 2017 thru February 26, 2019	Affiliate
Fish, Karen MD Reappointment Effective:	OB/Gyn January 20, 2017 thru January 19, 2019	Affiliate

Item IV(B)

Quality and Patient Safety Committee Meeting of January 20, 2017

**CCHHS
APPROVED**



**BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JANUARY 20, 2017**



**Provident Hospital of Cook County
Reappointment Applications (continued)**

Department of Radiology

Browning, Jared, MD Reappointment Effective:	Virtual Radiology January 20, 2017 thru January 19, 2019	Teleradiologist
Mahmood, Omar A., MD Reappointment Effective:	Virtual Radiology February 17, 2017 thru February 16, 2019	Teleradiologist

Department of Surgery

Totonchi, Emil, MD Reappointment Effective:	Urology January 20, 2017 thru January 19, 2019	Active
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Renewal of Privileges for Non-Medical Staff:

Shah, Binita, PA Effective	Emergency Medicine January 20, 2017 thru January 19, 2019	Physician Assistant
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**CCHHS
APPROVED**
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JANUARY 20, 2017

